

REGISTRATION FORM

Introductory Training in EMDR Therapy: A Developmentally Grounded Training for Treating Clients from Children to Adults

TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES, INC

TRAINER: Robbie Adler-Tapia, Ph.D.

REGISTRANT INFORMATION (Please Print)

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ E-Mail: _____

Professional License & License Number: _____

I am registering for EMDR Therapy Basic Training:

- Full Course
- W1 only
- W2 only – Who was your training provider for W1? Please provide documentation.
- Consultation only

*Students/Interns and Therapists under supervision need to provide a letter from the primary supervisory/professor documenting student status and/or employment at a non-profit.

Training Location: _____

PAYMENT: _____ Paypal/Credit Card _____ Check

**PLEASE SEND REGISTRATION FORM, LICENSE DOCUMENTATION, AND
PAYMENT TO*:**

TAPIA COUNSELING AND PSYCHOLOGICAL SERVICES

1615 E. Warner Road, Suite 2

Tempe, AZ 85284

OR

VIA EMAIL tapiaEMDRtraining@gmail.com